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Bib Data Sheet

CONFIRMATION NO. 7096

|  |   |                                   |   |  |                                |
|--|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/688,326   | <b>FILING OR 371(c) DATE</b><br>10/17/2003<br><b>RULE</b>   | <b>CLASS</b><br>382               | <b>GROUP ART UNIT</b><br>2624   | <b>ATTORNEY DOCKET NO.</b><br>014116-73.20US |                                |
| <b>APPLICANTS</b><br>Adam Weiss, Pickering, CANADA;<br>Afsar Saranli, Toronto, CANADA;   |   |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/439,991 05/16/2003 which claims benefit of 60/423,008 11/01/2002 <i>AL</i>  |   |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None AL</i>  |   |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 01/22/2004</b>   |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>AL</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>14                    | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>20350  |   |                                   |   |  |                                |
| <b>TITLE</b><br>Method and apparatus for flat patterned media inspection   |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>493  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |